



You're Worth It . .

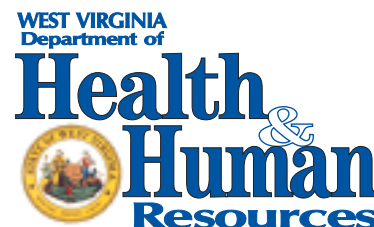
This newsletter is for providers participating in the WVBCCSP. If you would like to contribute information or article ideas for this newsletter, please contact:

Samantha Haverlock
Editor

Education Coordinator
shaverlock@hsc.wvu.edu

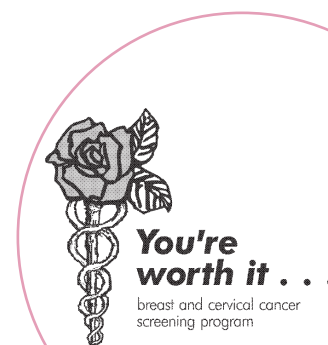
Dee Ann Price
Clinical Services Coordinator
deeannprice@wvdhhr.org

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Robert C. Byrd Health Sciences Center

Mary Babb Randolph Cancer Center



WVBCCSP PROVIDER PRESS

SPRING 2008

Hope Discovered



Mary Scarberry (left) and Dr. Campbell (right)

On January 25, 2008, Mary Scarberry discovered what divine intervention is all about. Three years ago, she was diagnosed with breast cancer. A short while later, her husband retired from M&G Polymer. Everything was going fine until the company decided to no longer insure its retirees. With no other options, Mary (who was on her husband's insurance) started paying for her medication—Femora—out of pocket.

On a fateful day in January, the Edwards Comprehensive Cancer Center and the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) sponsored a free screening clinic. Ebenezer Medical Outreach enrolled eligible women into the WVBCCSP and the hospital donated free Pap tests to those women

not eligible for the Program. It had been several years since Mary had received a Pap test, so a friend encouraged her to schedule an appointment.

She attended the screening ready to receive her Pap test. Unfortunately, Mary wasn't eligible for the Program due to her income level, but when she shared her story with Brenda Harlow, the Cancer Information Specialist in Region 2, she was given another option... the Medicaid Treatment Act (MTA). Since Mary was receiving active treatment and her income would not be considered in the eligibility process for the MTA, Brenda was sure she would qualify to get her medication paid for.

Mary was hesitant. She had been let down many times before, but Brenda reassured her that this was real. Mary immediately burst into tears of happiness and got on her cell phone to call friends and family with the good news. She said she was only expecting to get a Pap test that day but received so much more; she got her hope back.

Over seventy women were screened that day and about one third were eligible for the WVBCCSP. It is important to remember that so many women fall through the cracks and free screening clinics help women in more ways than just providing screening exams. It can give them the hope, courage, and the resources they need to get screened regularly for breast and cervical cancer.

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Christina's Corner:

I have worked for the West Virginia Bureau for Public Health for eight years and have served in a management capacity for over seven of those years. In that time, I have seen many employees come and go, but have never celebrated the retirement of a member of my own team. March 2008 brought not one but two retirement celebrations within the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP), and it is with both pleasure and sadness that I am announcing the retirements of Sharon Cope, Cancer Information Specialist, and Cris Van Hoff, Tracking and Follow-Up Nurse. Both women provided many years of dedicated service to the Program.

In celebrating the retirements of these unique and strong women, we have also acknowledged the success of the Program. Over the last year, the WVBCCSP has achieved a number of milestones that are noteworthy:

- The West Virginia Breast and Cervical Cancer Screening Program met all of the core performance indicators established by the Centers for Disease Control and Prevention (CDC).
- The Program participated in a federal site visit that resulted in no recommendations for improvement.
- The West Virginia Program was approved for level funding for the 2008-2009 fiscal year, despite ongoing funding reductions in other programs.

As I am sure our readers know, these are not small achievements. However, the mountain in front of us remains very challenging. Here is the short list of priorities for the Program over the next twelve months:

- The time between an abnormal Pap test and diagnosis remains a challenging problem with the shortage of colposcopy providers. We will be monitoring this data indicator very carefully.
- The CDC will be updating all of the state programs' computer systems which will create a need for additional forms revisions. We will tackle this issue together at BCCIPs in June.
- If approved for additional funding, WVBCCSP will be adding cardiovascular screening to annual exams at some participating provider sites beginning in the fall of 2008.

Once again, I want to reiterate how proud I am of the work that we accomplish together. In filling out the forms and entering in the data, it is easy to lose sight of how much we have truly accomplished and how many lives have been spared as a result of our work. I am sure that I will celebrate the retirements of many more teammates, but I know in my heart that our work will live on for many generations to come.



Remembering Staff: Let the Journey Begin

We all dream of that day when we get to retire and travel the world. For some of us, that will always remain a dream, but for one dedicated staff member, that dream has become a reality. Sharon Cope, Cancer Information Specialist for Region 4, announced her retirement in January. By February, she was in the home stretch about to cross the finish line, and in March, she celebrated her WVBCCSP experience and said her bitter-sweet goodbyes.



After fourteen years of hard work with the Program, Sharon is taking a much deserved vacation; only this time, she won't be counting the days until she has to return. Instead, Sharon's primary retirement goal is to just enjoy living. She wants to focus on her well-being and health, spend time with family friends and her community, and explore activities that will strengthen her mind. The Program wishes Sharon the best of luck in her new (and relaxing!) journey.

When a Door Closes, A Window Opens ...

A very popular Rascal Flatts song, My Wish, says "I hope you never look back but you never forget all the ones who love you in the place you left." The song goes on to encourage big dreams, small worries, and no regrets. The WVBCCSP wishes the same for Cris Van Hoff, a Tracking and Follow-up Nurse for the Program. Cris retired on March 31, 2008, after many years with the WVBCCSP.

Her immediate retirement goal is to clean her house from top to bottom, room to room. Her long-term retirement plans, however, are to spend more time with her family, including her 92-year-old mother. In addition, she wants to be available in May for the birth of her daughter's second child. She and her husband will then visit their other two children this summer, as well as visit Florida for some extra vacation time. Wherever her journeys take her, Cris will be missed. The Program wishes her the best of luck in her new endeavors!



A New Chapter ... A New Life

Nikki Lyttle, Epidemiologist for the WVBCCSP, spends her days working with numbers, but here's a number that has a new meaning for her: 12/5/07. This is the day Nikki gave birth to her first child, an adorable and content little boy named Sawyer. Born in Charleston at the CAMC Women and Children's Hospital, he weighed 9 lbs 15 ounces and was 22" long. Like any 6-month-old, Sawyer has a bundle of energy. When he's not playing with his toys (or chewing on and drooling all over them!), Sawyer likes to dance, take baths, and jump on his mom and dad. He recently learned to roll over and is working on his speech skills, which at the moment consist of cooing. Congratulations to Nikki and her husband on their new addition!

Meet New Staff Members

SANDY DUVALL

The WVBCCSP prides itself on its outreach staff and their efforts to educate the public about breast and cervical cancer. So, when a staff member leaves, the Program works quickly to find a new dedicated, hard-working, eligible replacement. The Region 6 Cancer Information Specialist (CIS) position was vacant through the summer and fall seasons of 2007. The Program relied heavily on regional volunteers and providers (and what an amazing job they did!) to provide the education necessary to Program eligible women. Breast Cancer Awareness Month also went off without a hitch. In December 2007, the Program proudly hired a new CIS, Sandy Duvall. She serves Brooke, Hancock, Marshall, Ohio, Tyler, and Wetzel counties. She is an RN with a BSN degree from West Liberty State College, has a master's degree in Community Health Education from WVU, and is a certified Community

Health Education Specialist and Diabetes Educator. Sandy has worked in hospitals, inpatient programs, outpatient and staff education, quality improvement, and hospice care. Welcome to the team Sandy!

Her likes are:

- Computer games
- Reading
- Crocheting
- Football
- Music

Her dislikes are:

- Snakes
- Clutter
- Floods



JEAN TENNEY

Unlike Region 6, the Region 4 CIS position was filled almost immediately by someone near and dear to our hearts; Jean Tenney volunteered her time to the WVBCCSP in years past as an advocate of cancer prevention and control, attended Mountains of Hope meetings, and has years of experience coordinating activities and building relationships within her community. Jean received her bachelor's degree in social work from Salisbury University and her master's degree in social work from the University of Maryland, School of Social Work and Community Planning. Her work experience includes the Berkeley County Committee on Aging, the Department of Health and Human Resources, Webster County Memorial Hospital, and most recently, as a Regional Tobacco Prevention Coalition Coordinator. Welcome to the team Jean!

Her likes are:

- Spending time with her three grandchildren
- Flea markets and antique shops
- Traveling
- Dancing
- Attending concerts and plays

Her dislikes are:

- Being lied to
- Pregnant women smoking
- Lack of money to travel with
- Wars
- Sadness in the world

Breast and Cervical Cancer Information Programs

It's that time of year again. The trees are growing back their leaves and the flowers are in bloom. The sun is shining brightly and we've all put away our winter clothes and dragged out our warm weather attire. Spring fever is as contagious as the flu is during flu season. The last thing you probably want to think about is work and digesting more information than you have room for.

Fortunately, the Breast and Cervical Cancer Information Programs (BCCIPs) isn't just another long, boring training filled with useless information. They were designed to address questions and issues that providers have had over the last year and offer answers and solutions. They also provide important Program updates and policy changes.

This year's programs are scheduled for:

- Monday, June 9, 2008, at the WVU Erickson Alumni Center in Morgantown, WV
- Wednesday, June 11, 2008, at Tamarack in Beckley, WV

- Thursday, June 12, 2008, at the Holiday Inn (Charleston House) in Charleston, WV

Some points of discussion include cervical issues, such as the new American Society for Colposcopy and Cervical Pathology guidelines, the no Endocervical Cell's policy, dealing with cervical lesions on women under 25 years old, and tracking "off" year Pap tests. Breast issues include highlighting breast referral guidelines and documentation on the Patient Data Form and Breast Services Referral Form. There will also be an Ovarian Cancer Information Update and a forms revisions roundtable, which will allow providers to make suggestions for how they would like to see forms in the future.

To make sure your organization gets the most out of the information being offered, make sure two staff members attend at least one of the programs. Lunch and snacks will be provided. For more information on these trainings, call Samantha Haverlock, Education Coordinator, at (304) 293-2370.

Managing Nipple Change and Nipple Discharge

Not all nipple change and discharge requires a referral to a breast surgeon. Below are some helpful guidelines prepared by the Society of Surgical Oncology and the Commission on Cancer of the American College of Surgeons for the Centers for Disease Control and Prevention. Refer to the WVBCCSP Policies and Procedures Manual for allowable reimbursement codes.

- Women with skin breakdown on the nipple or areola should be referred to a surgeon.
- Patients with a palpable mass and any nipple discharge should be referred to a surgeon.
- If discharge is suspicious for neoplasm (*spontaneous; unilateral; confined to single duct; occurring in older patient; clear, bloody, serous, or serosanguinous [bloody or watery]*), send the patient for a mammography and surgical consult.
- Nipple discharge, particularly if bilateral or multiductal, or milky, green, gray, or black, is not suspicious for cancer and needs no referral. If milky discharge is profuse, medical work-up for *galactorrhea may be indicated (*Not reimbursable through WVBCCSP).

Remember, if you mark the CBE result "Bloody, Serous Nipple Discharge" on the Patient Data form, a surgical consult is required.

PHNHAT Overview

Over the years, the Public Health Nurses Physical Assessment Training (PHNPAT) has garnered increasing attention from nurses around the state. This year was no exception. From April 8-10, 2008, participants joined together at the Euro-Suites hotel in Morgantown, WV, to listen to experienced medical staff and professionals educate about the anatomy and physiology of the breast and pelvic regions, menopause, HPV, clinical trials, and more. Nurses play an increasingly important role in the cancer screening process, cancer diagnosis and treatment of patients, and patient relations.

Cancer screening is an important tool to help prevent cancer or detect cancer in its early stages, but West Virginia is one of the most rural states in the country, leaving many communities medically underserved. PHNPAT certified nurses help to alleviate some of the barriers that providers face in offering much needed screening services. They are trained to provide WVBCCSP patients with Pap tests, pelvic exams, and clinical breast exams, saving both

time and money when a doctor or other qualified health professional is unavailable.

This year, 23 participants attended PHNPAT. Of those, 14 are seeking certification. WVBCCSP continues to meet the professional education needs of our providers. We look forward to the continuation of this valuable program.



Please note that nurses who were certified in 2003 will be required to attend PHNPAT/R next year.



Cervical Health Awareness Month Use of Free Screening Clinics

Generally when New Year's comes around, we all make one or two resolutions. A week or two later, we've already broken them. This year, the WVBCCSP's resolution is that more women will become proactive in their healthcare. Although the Program knows this isn't an easy mission, the WVBCCSP hopes its network of providers will help provide the necessary tools and education to make it happen.

A great opportunity for women to become proactive is through free screening clinics. January, which is designated as Cervical Health Awareness Month, usually starts off the year with free clinics, but due to the freezing temperatures this year, only four were scheduled. Despite the low number, sixty-two women who might not otherwise have been screened were enrolled into the Program, presenting opportunities for the early detection and prevention of cervical cancer.

More providers agreed that April, May, and June would bring the perfect weather for free screening clinics and health fairs, so many are scheduled this spring. Remember, clinics are not just limited to January, or even spring time. To schedule a free screening clinic in your area, contact your local Cancer Information Specialist or call (304) 293-2370.



Pamela Brown (left) & Stephenie Kennedy (right)

WVBCCSP Staff Member Recognized by National Organization

The Intercultural Cancer Council (ICC) recently awarded the Edward L. Reed Memorial Scholarship to Stephenie Kennedy. This award is given to a graduate student from Appalachia, preferably a first generation college student, who is working or plans to work in the area of cancer health disparities.

Kennedy serves as the Education Supervisor for WVBCCSP and the Program Director of the Appalachia Community Cancer Network; she is employed by the Mary Babb Randolph Cancer Center at West Virginia University. In addition to working full time, Stephenie is completing a doctoral degree in Educational Leadership with an emphasis on higher education administration.

ICC is a national organization that promotes policies, programs, partnerships and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations. They consistently address health disparities for Appalachian populations and ensure that difficulties encountered by rural residents are not lost within the broader discussion of health disparities. For more information, visit: <http://iccnetwork.org/>.

The Process for Adding Satellite Clinics

From time to time, the WVBCCSP receives a request from an established screening provider to add a satellite site to its existing WVBCCSP contract. In order for the Program to address the request, there are several steps that must be completed.

First, the clinic's administrative site must request *in writing* that the WVBCCSP allow them to add an additional satellite clinic to its contract. The request must include site-specific demographic information. Once received, the Program Director will review the request to determine the need for an additional clinic in that location.

If approved, a BCC # will be assigned to the satellite site. The Program's contract specialist will then speak with the clinic's administrative staff to obtain required contact information which is used to prepare data records and files. Written approval is then sent to the provider. Forms are ordered for the clinic and the Clinical Services Coordinator or regional Cancer Information Specialist will contact the clinic to schedule a training. Upon approval and completion of all of the aforementioned steps, clinics may begin serving WVBCCSP women.

REMINDER: Managing Abnormal Clinical Breast Exam Results

The following abnormal clinical breast examination (CBE) results, documented on the Patient Data Form, require referral to a WVBCCSP contracted breast surgeon regardless of mammogram results:

- Discrete Palpable Mass (Suspicious for Cancer)
- Bloody or Serous Nipple Discharge
- Nipple or Areolar Scaliness
- Skin Dimpling or Retraction

The CBE result documented on the Patient Data Form must also be similarly documented on the Breast Services Referral Form.

Quality Assurance Monitoring



The majority of WVBCCSP screening providers have experienced a visit from one of the Bureau for Public Health, Office of Maternal, Child, and Family Health's (OMCFH) quality assurance monitoring team; perhaps even several visits throughout the years. Providers may sometimes wonder, "What is the purpose of these monitoring visits at our clinic?" This article offers insight into the quality assurance monitoring process and the benefit of having an on-site monitoring visit.

The Quality Assurance Monitoring Program has been a part of the OMCFH for many years, but why was it started? In early 1980, the OMCFH began talking about a quality improvement effort to coincide with operationalized program standards throughout the public health service system. The time seemed right to work in partnership with the medical community to improve the quality of care provided to government-sponsored health care patients.

The challenge for OMCFH at the time was to develop the concept of a quality assurance program that would enhance, and not detract from, the positive partnerships built with the provider community. The Quality Assurance Program also had

to be reflective of nationally accepted standards of care, and an on-site review process had to be developed that could obtain information useful for clinical and management staff at both the service level and the OMCFH level.

On June 1, 1981, the OMCFH established the Quality Assurance Monitoring Program. Since its inception, the Quality Assurance Monitoring Program has continued to ensure independent, objective, and standardized on-site reviews of services for the WV Breast and Cervical Cancer Screening Program, Family Planning, Right from the Start, and Birth to Three programs. The monitoring reports help to ensure quality patient services, program management, and administration that meet standardized program guidelines and protocols. The written monitoring report presents the providers strengths and weaknesses, thus providing programs with information to facilitate quality improvement decisions. The reports also advise Program staff of technical issues that require additional training for the provider.

The WVBCCSP looks forward to the arrival of a monitoring report. The follow-up meeting between Program and clinic staff provides an opportunity for policy clarification and technical assistance and is also intended to reiterate a supportive connection between the Program and the health care team.

A member of the Quality Assurance Program makes his/her way around to each screening provider site approximately every two to three years, unless an unusual circumstance would dictate a visit sooner. Providers may also request a monitoring of their program by calling the monitoring unit at (304) 558-5388.


Want to Get Paid... Attach a “Batch!”

The WVBCCSP greatly appreciates your efforts to continue finding women in your communities who are eligible for WVBCCSP services and wants to pay you for your hard work!

In order for WVBCCSP to render payment for the eligible screening services that you provide, there is one very important form that must be submitted with the Patient Data Forms: the Batch Invoice.

Only completed Patient Data Forms that are submitted with a Batch Invoice will be processed for payment. Those submitted without a Batch Invoice will be returned to your clinic and will not be processed until they are returned with the Batch Invoice.

During the June 2008 Breast and Cervical Cancer Information Programs (BCCIPs), completion of the Batch Invoice will be reviewed. If you have questions on how to complete the sheet, please do not hesitate to call the WVBCCSP office or your regional Cancer Information Specialist for assistance.

		Provider FEIN: _____					
		Service Month: _____					
		Service Year: _____					
		Batch Number: _____					
		Service Site: _____					
		BCC #: _____					
BATCH INVOICE FOR BREAST & CERVICAL CANCER SCREENING PROGRAM							
Visit Type	CPT Code	Patient Fee %	BCCSP Reimbursement Rate	# Of Visits	# Of Visits X BCCSP Rate	Minus Insurance Paid	Equals Total
Initial Screening (10 min)	99201	0%	\$32.74				
		20%	\$26.19				
		40%	\$19.64				
Initial Screening (20 min)	99202	0%	\$57.68				
		20%	\$46.14				
		40%	\$34.61				
Initial Screening (30 min)	99203	0%	\$86.16				
		20%	\$68.93				
		40%	\$51.70				
Initial Screening *	99204	0%	\$86.16				
		20%	\$68.93				
		40%	\$51.70				
Initial Screening *	99205	0%	\$86.16				
		20%	\$68.93				
		40%	\$51.70				
Annual Routine Screening	99213	0%	\$55.25				
		20%	\$44.20				
		40%	\$33.15				
Annual Routine Screening *	99214	0%	\$55.25				
		20%	\$44.20				
		40%	\$33.15				
Annual Breast or Cervical	99212	0%	\$33.67				
		20%	\$26.94				
		40%	\$20.20				
Repeat Pap or CBE	99211	0%	\$17.76				
		20%	\$14.21				
		40%	\$10.66				
Patient Referral/Enrollment		NA	\$15.00				
Patient Referral/Previously Enrolled		NA	\$10.00				
Breast Dx Work-Up Report		NA	\$10.00				
Cervical Dx Work-Up Report		NA	\$10.00				
Total of All Visit Types		Invoice Total \$					
For payment of services under Agreement with the Bureau for Public Health, Office of Maternal, Child and Family Health, Breast and Cervical Cancer Screening Program, I certify that this is an original invoice and payment has not been received.							
Full Signature for Verification		Title		Date Submitted/WVBCCSP			
Return To:		Program Use Only					
WVBCCSP 350 Capitol Street, Room 427 Charleston, WV 25301-3714		Invoice Verified by documentation. I hereby certify that the items listed herein have been received and approved for payment.					
		Name: _____ Date: _____					

*The WVBCCSP realizes that physicians may spend more time with patients, but this is the highest rate that we are federally authorized to reimburse.

Original: WVBCCSP Copy: Screening Provider CMCFHB/COSP Form #1502 Rev 7/07

Reimbursement Rates are Determined by Visit Type

Reimbursement is determined by the visit type marked on each Patient Data Form. Below is the list of WVBCCSP visit types and their definition.

Initial: First screening visit for new Program enrollee (patient can only have ONE Initial visit).

Annual Routine: Already enrolled in the WVBCCSP; returning for yearly breast and cervical cancer re-screening.

Note: If the screening Pap test is not due, as outlined in the WVBCCSP's Pap test algorithm, the Program will reimburse for an annual routine visit if the provider performs a pelvic examination.

*If the woman had a total hysterectomy due to cervical cancer, the Program will reimburse for a Pap test every year.

Annual Breast: Already enrolled in the WVBCCSP; returning for a yearly breast screening only.

Reasons for annual breast visit:

- Patient is off-cycle with breast and cervical screening dates
- Patient had total hysterectomy for reason other than cervical cancer and the WVBCCSP cannot reimburse for the patient's Pap test.

Annual Cervical: Already enrolled in the WVBCCSP; returning for a yearly cervical screening only.

Reasons for annual cervical visit:

- Patient is off-cycle with breast and cervical screening dates.

Repeat Pap/CBE: Already enrolled in the WVBCCSP; returning for a repeat Pap test or CBE according to WVBCCSP protocols and algorithms.

Referral for Enrollment: First enrollment visit for a patient from an outside provider, including a Family Planning provider or private physician's office, who needs a referral for colposcopy, diagnostic mammogram, or breast surgical consultation due to an abnormal Pap test or CBE/mammogram result.

Note: Patient must also meet WVBCCSP eligibility guidelines as outlined in the Policies and Procedures Manual, updated in May 2007.

Referral Previously Enrolled: Already enrolled in the WVBCCSP previously for diagnostic referral services, and is returning again, (from an outside provider, including Family Planning or private physician's office), for diagnostic services referral which could include colposcopy, diagnostic mammogram, and breast surgical consultation.

Referral MTA: Referral into the WVBCCSP for Medicaid due to a diagnosis of breast or cervical cancer or certain pre-cancerous diagnoses.